

1 LOCATION OF WATER WELL
 County: Marion Fraction: SE 1/4 NE 1/4 NW 1/4 Section Number: 14 Township Number: T 18 S Range Number: R 4 EW
 Distance and direction from nearest town or city? In Lincolnville, Kans. 66858 Street address of well if located within city? S. 3rd St.

2 WATER WELL OWNER: Rene Swanson
 RR#, St. Address, Box #: S. 3rd St. Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Lincolnville, Kansas 66858 Application Number:

3 DEPTH OF COMPLETED WELL: 100 ft. Bore Hole Diameter: 9 in. to 1.5 ft., and 8 in. to 100 ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well 12 Other (Specify below)
 Well's static water level: 35 ft. below land surface measured on 4 month 7 day 82 year
 Pump Test Data: Well water was 58 ft. after 1/2 hours pumping 20 gpm
 Est. Yield 50-60 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
 2 PVC 4 ABS 7 Fiberglass Threaded
 Blank casing dia: 5 in. to 70 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 14 in., weight 2 lb. 6 oz. lbs./ft. Wall thickness or gauge No: 15/64
TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
Screen or Perforation Openings Are: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)
 Screen-Perforation Dia: 5 in. to 100 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 70 ft. to 100 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 15 ft. to 100 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From 2 1/2 ft. to 15 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 16 Other (specify below) Cast Iron
 Direction from well: N How many feet: 15 ? Water Well Disinfected? Yes No
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, date sample _____
 was submitted _____ month _____ day _____ year Pump Installed? Yes _____ No
 If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 161
 This Water Well Record was completed on _____ month _____ day _____ year under the business name of Benda Drilling by (signature) Paul D. Benda

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Top Soil Black	78	92	Shale Dark Blue
2	7	Clay Brown	92	95	Water Bearing Gravel
7	15	Course Rock Limestone	95	100	Shale Gray
15	21	Clay Med. yellow			
21	30	Shale Dark Blue			
30	41	Shale Gray			
41	50	Red Rock			
50	58	Lime			
58	63	Water Sand Coarse			
63	78	Compacted Fine Sand			

ELEVATION: Depth(s) Groundwater Encountered 1. 58 ft. 2. 92 ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
1
18
R 4
16W
SEC.
14
SE 1/4 NE 1/4 NW 1/4